

## Exhibit F

Steven Smith M.

Orthopedic

4706 Hoen Ave

Santa Rosa 1-9-06  
95405

707 575 3728

Silverado Pharmacy

1348 Lincoln Ave

Calistoga, CA 94515

707 942-5115

St. Helena Hospital

10 Woodland Road 11-19-05

St. Helena, CA 94574

707 963 3611

Dr Alexander

913 Washington St

Calistoga, CA 94515

707 942-6233

11-28-05 (+12-1-05?)

12-9-05

1-3-06

Dr Bodor 12-14-05

980 Trancas 1-9-06

Napa, CA 94558

707 255-5454

Santa Rosa Imaging

Mendocino Ave

Santa Rosa, CA

707

12-16-05

1-3-06

Dr McMullen (Fitzgerald)

1900 Cinnabar Ct

Calistoga, CA 94515

707 942-4388 11-28-05

at least 8 visits Dec.

ongoing

Dr Chris Henderson

2436 Foothill Blvd

Calistoga, CA 94515

707 942-1250

12/12

12/16

12/19

12/21

12/22

12/27

12/29

1/9/06

Well Spring Physical Therapy

2436 Foothill Blvd

Calistoga, CA 94515

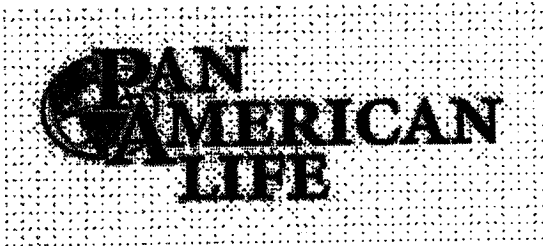
707 942 8094

12/22, 12/27, 12/29

1/4/06, 1/9/06, 1/20/06

1/23/06, 2/3/06

**Exhibit G**



Donna Dupell-Mathews  
REDACTED  
Calistoga, CA 94515

March 13, 2006

**RE: Policy # 1285-764**

Dear Mrs. Dupell-Mathews:

We have evaluated the claim papers submitted and have approved the application for waiver of premium disability benefits effective December 14, 2005.

We are enclosing our check representing refund of premiums for a total of \$114.14.

Future premiums will be waived as long as you continue to be disabled within the meaning of the disability agreement and the Company reserves the right to require evidence of your continued disability in accordance with the provisions thereof. You will be advised when such evidence is desired.

We certainly hope your health will improve soon.

Sincerely

Michael Jones  
Senior Claims Examiner

Pan American Life  
Policy Benefits  
P.O. Box 60219  
New Orleans, LA 70160-0219

REDACTED

PAL 0086

000056

ENDORSEMENT OF THIS CHECK MUST BE WRITING OF PAYEE OR PAYEES EXACTLY IN CONFORMITY

NAME OR NAMES AS WRITTEN

3000T  
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84-13  
651

No.062034850



0012857640

PAY TO THE ORDER OF:

DONNA R DUPELL-MATHEWS

REDACTED

CALISTOGA CA 94515

MAR 1 3 2006  
*[Signature]*

AMOUNT
\$*****114.14**

**\$114.14**  
DOLLAR ONE ONE FOUR PER ONE FOUR

DATE  
MAR 10, 2006

NOT VALID AFTER  
90 DAYS OF ISSUE

BANK ONE  
NEW ORLEANS, LA.

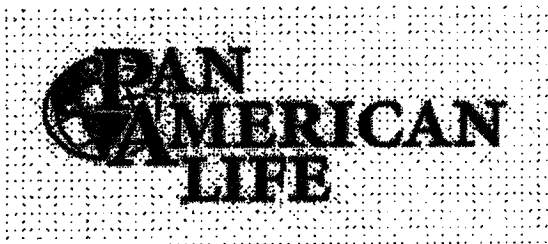
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⑈062034850⑈ ⑆065400137⑆ 0110029518⑈

REDACTED

PAL 0085

**Exhibit H**



Donna Dupell-Mathews  
REDACTED  
Calistoga, CA 94515

March 13, 2006

**RE: Policy # 1257-7580**

Dear Mrs. Dupell-Mathews:

We have evaluated the claim papers submitted and have approved the application for waiver of premium disability benefits effective December 14, 2005.

We are enclosing our check representing refund of premiums for a total of \$88.40.

Future premiums will be waived as long as you continue to be disabled within the meaning of the disability agreement and the Company reserves the right to require evidence of your continued disability in accordance with the provisions thereof. You will be advised when such evidence is desired.

We certainly hope your health will improve soon.

Sincerely

Michael Jones  
Senior Claims Examiner

Pan American Life  
Policy Benefits  
P.O. Box 60219  
New Orleans, LA 70160-0219

REDACTED

PAL 0084

000050

ENDORSEMENT OF THIS CHECK MUST BE IN WRITING OF PAYEE OR PAYEES EXACTLY IN CONFORMITY WITH THE NAME OR NAMES AS WRITTEN

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0012577580

84-13

NO. 062034849

654

AMOUNT

\$\*\*\*\*\*88.40\*\*

PAY TO THE ORDER OF:

DONNA R DUPELL-MATHEWS

REDACTED

CALISTOGA CA 94515

MAR 13 2006  
*[Handwritten signature]*

**\$88.40**

DATE  
MAR 10, 2006

NOT VALID AFTER  
90 DAYS OF ISSUE

BANK ONE  
NEW ORLEANS, LA.

NON NEGOTIABLE

⑈062034849⑈ ⑆065400137⑆ 0110029518⑈

REDACTED

PAL 0083



## Exhibit I



People you can trust for life.

Mail To  
Individual Health Claims  
Pan-American Life Insurance Company  
P.O. Box 60219  
New Orleans, LA 70160

RECEIVED APR 3 2006  
SUPPLEMENTARY PROOF OF LOSSMONTHLY INCOME  
CLAIMANT'S STATEMENT

1. Insured's full name and address (Please Print)

Donna Mathews  
REDACTED

Home Telephone

Employer's Telephone 707 2572800

Policy No.(s) not listed on your letter

1285-7641 1257-758

2. Cause of Disability

Fall from ladder

3. Have you received medical attention since your last report? Yes ☒ No ☐ If "Yes," show:(a) Name of Doctors: Well Spring DR, Alexander DR Fitzgerald (Chiro) (McMullen)  
DR Smith, DR. Eichbaum, DR. Beaton 3-29-06

(b) Date of Treatment: see attached list for dates

4. Have you been hospitalized or undergone surgery since last report?

Yes ☐ No ☒ If "Yes," show:

(a) Name of Hospital

(b) Dates of Confinement

(c) Type of Surgery

5. (a) What are your present complaints?

Pain, burning, tenderness  
Weakness

(b) Briefly describe your present daily activities.

Driving child to school, mild  
exercise,

6. Date total disability began.

Month December Day 14 Year 2005

(a) Are you still totally disabled and unable to perform all the duties of your regular occupation? Yes ☒ No ☐

If "Yes," what occupational duties are you unable to perform?

Scaling & polishing / dental  
in stagnant position w/ arms elevated prophylaxis  
neck bent.

If "Yes," when do you expect to return to your regular occupation?

Month \_\_\_\_\_ Day \_\_\_\_\_ Year 19 \_\_\_\_

What other restrictions (if any) do you have due to your disability?

Driving, sitting, neck  
restriction  
pain in BACK & neck

If "No," when did you return to your regular occupation?

Month \_\_\_\_\_ Day \_\_\_\_\_ Year 19 \_\_\_\_

(b) If partially disabled, when did you begin working at your regular occupation?

Month \_\_\_\_\_ Day \_\_\_\_\_ Year 19 \_\_\_\_

(c) What important occupational duties have you been unable to perform during such partial disability?

(d) Are you now gainfully employed in other than your regular occupation? Yes ☐ No ☒

(e) If "Yes," date you commenced such duties?

Month \_\_\_\_\_ Day \_\_\_\_\_ Year 19 \_\_\_\_

(f) Briefly describe the job and the nature of duties performed.

I authorize any doctor, clinic, hospital, pharmacy, organization or association, insurance company, or person that has any record or knowledge of me, to give such information to Pan-American Life Insurance Company or its representative. This includes (but is not limited to): driving records, drug and alcohol abuse history and treatment, and treatment for mental illness. A photocopy of this authorization shall be as valid as the original.

Date

3-10-06

Insured's Signature

Donna Mathews

3-29-06

ATTENDING PHYSICIAN'S STATEMENT ON REVERSE SIDE SHOULD BE COMPLETED

ITEMIZED BILLS SHOULD BE ATTACHED TO SUPPORT ANY CLAIM FOR HOSPITAL, SURGICAL OR MEDICAL CARE BENEFITS

FRAUD STATEMENT REQUIRED BY SOME STATES: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of committing a crime.

RECEIVED APR 3 2006

Dr Steven Smith  
Orthopedic Surgeon  
4706 Hoen Ave.  
Santa Rosa , Ca 95405 ✓  
707 575-3728 2/10/2006

Dr. Jaime Fitzgerald-McMullen  
1900 Cinnabar Ct ✓  
Calistoga, Ca 94515  
707 942-438 1/20/2006,1/24/2006,3/06/2006

Training Wellspring Physical Therapy  
2436 Foothill Blvd. ✓  
Calistoga, Ca 94515  
707 942-8094  
1/19/2006  
1/23/2006, 1/31/2006

2/03/2006	3/08/2006	3/20/2006
2/07/2006	3/14/2006	3/23/2006
2/20/2006	3/17/2006	3/28/2006

2/23/2006

2/28/2006

3/03/2006

Dr. Andrew Alexander  
913 Washington St  
Calistoga, CA 94515  
707 942-6233 1/19/2006

Dr. Eldan Eichbaum  
No. Bay Neurosurgical Associates  
525 Doyle Park Drive #102  
Santa Rosa , Ca 95405  
707 523-1873 3/07/2006

Dr Barry Brown  
1222 Pine Street  
St. Helena, CA 94574  
707 963-2711 3/29/2006

March 15, 2006

On November 19, 2005 the ladder I was climbing on slipped and I fell approximately 6 feet. Only two young men from the cable company were at the house when I fell and they assisted me to the couch, retrieved ice, and encouraged me to go to the hospital. My first major complaint was my ankle. As the ladder slipped I rotated off to the side so as not to become entangled in the ladder as well as the near-by step of the deck and I landed on my left ankle, left shoulder and hit my head on the left side. I tried to protect my head by reaching with my hands but I didn't succeed.

The hospital took x-rays of my hands and ankle, and sent me home with ice and crutches. This occurred on a Saturday and I went to work limping on Monday. I only worked two days that week, and by Tuesday I had neck pain. By Friday I had increasing neck and back pain and by Saturday my neck pain was a 10 on a one to ten scale. This was the Thanksgiving holiday and I was unable to contact any health practitioners until the following week. I worked again Tuesday and Wednesday, but by Thursday I needed a substitute, and did not work Thursday or Friday, as well as Monday and Tuesday morning. Dr. Fitzgerald Chiropractic treated me on Monday the 28<sup>th</sup> of November, and at least eight more visits in the month of December, the only mild relief offered from terrible pain. Thursday the 1<sup>st</sup> of December I was able to get into my General Practitioner's office, but there was a substitute, Doctor Marvan who saw me, and recommended rest and massage. I was not able to see my regular Doctor, Dr. Alexander, until Friday, December 9<sup>th</sup> and he recommended I have neurological testing done by Dr. Bodor. I worked two and one-half days that week, pursued acupuncture for relief and worked one and one-half days the following week. I was still in such pain that I had to take a leave of absence and I began Physical Therapy. An evaluation by Dr. Bodor on December 14<sup>th</sup> showed some neurological deficits because it was unclear to me whether the pain was from my neck or shoulder. He recommended an MRI of my neck. When I revisited Dr. Alexander on January 3<sup>rd</sup>, he recommended I see an orthopedic surgeon for my shoulder. I was unable to find one that didn't have a one month waiting period, so I asked my sister who works for a Dr. Sullivan in Santa Rosa for a recommendation and Dr. Sullivan asked me to lift my arms and I had such pain and weakness that he said just get an MRI today and he wrote the prescription and it was diagnosed the next day, a torn rotator cuff. Dr. Sullivan recommended I see the orthopedic surgeon Dr. Steven Smith and on January 9<sup>th</sup> Dr. Smith gave me a cortisone injection in my left shoulder that greatly relieved some of my pain and told me to see him again in four weeks for a surgical evaluation. I continued Physical Therapy and chiropractic but discontinued acupuncture at this time. One month later I saw Dr. Smith and he recommended I see a neurologist for my neck. I asked my general practitioner, Dr. Alexander, at this time for another prescription for physical therapy while I waited for the March 7<sup>th</sup> appointment with the neurologist Dr. Eichbaum. Dr. Alexander said he did not want to recommend Physical Therapy until I saw the neurologist, but PT was my only relief along with vicodin so Dr. Smith had no problem fulfilling this request. It has now been one week since the neurologist told me that neck surgery would be the only definitive relief for my pain, that I had one or two bulging disks, and showed me on the MRI where there is no space around the spinal cord in one or two locations. He said I could do surgery now but most people wait until the pain is more severe than I now experience. The pain and burning in my forearms upon awakening increases during the day, depending on the length of time I sit, and if I bend my neck forward for too long. This is the exact position in which I must practice Dental Hygiene. Dr. Eichbaum recommended I take breaks every 30 to 60 minutes, but

## Exhibit J



People you can trust for life

INDIVIDUAL HEALTH CLAIMS  
PAN-AMERICAN LIFE INSURANCE COMPANY  
P.O. Box 60219  
NEW ORLEANS, LA 70160

RECEIVED APR 3 2006  
ATTENDING PHYSICIAN'S STATEMENT

The Patient is responsible for the completion of this form  
without expense to the Company.

\*Space is available on the reverse side if you wish to amplify your answers.

Name of Patient <u>Donna Mathews</u> Phone <u>REDACTED</u>		Date of Birth <u>REDACTED</u> <u>11</u> <u>19</u> <u>53</u>	
Employer Name <u>Brown's Valley Dental</u> Phone <u>707 257 2800</u>		Policy No. _____	

**1. HISTORY**

(a) When did symptoms first appear or accident happen? ..... Mo. 11 Day 19 2006

(b) Date patient ceased work because of disability ..... Mo. 12 Day 14 2005

(c) Has patient ever had same or similar condition? ..... Yes ☐ No ☐ If "Yes" state when and describe \_\_\_\_\_

(d) Is condition due to injury or sickness arising out of patient's employment? Yes ☐ No ☐ Unknown ☐

(e) Names and addresses of other treating physicians DR. Steven Smith 4706 Hoen, Santa Rosa 95405 DR. Eichbaum 525 Doyle Park Dr. #102 Santa Rosa CA 95405

(f) Have you ever treated patient prior to this illness? (If so, for what and when?) \_\_\_\_\_

**2. DIAGNOSIS (Including any complication)**

(a) Date of last examination ..... Mo. 3 Day 29 2006

(b) Diagnosis (including any complications) CERVICAL STENOSIS; (C) ROTATOR CUFF REPAIR

(c) Subjective symptoms PAIN, BOTH U.E.'s

(d) Objective findings (including current X-rays, EKG's, Laboratory Data and any clinical findings)  
MRI CONFIRMS DISC DISEASE AND STENOSIS

**3. DATES OF TREATMENT**

(a) Date of first visit ..... Mo. \_\_\_\_\_ Day \_\_\_\_\_ 19 \_\_\_\_\_

(b) Date of last visit ..... Mo. \_\_\_\_\_ Day \_\_\_\_\_ 19 \_\_\_\_\_

(c) Frequency ..... Weekly ☒ Monthly ☐ Other (Specify) ☐ \_\_\_\_\_

**4. NATURE OF TREATMENT (Including Surgery and medications prescribed, if any)**  
PHYSICAL THERAPY; MEDICATIONS

**5. PROGRESS**

(a) Has patient ..... Recovered? ☐ Improved? ☒ Unchanged? ☒ Retrogressed? ☐

(b) If recovered, date able to resume work ..... Mo. 1 Day 1 Year 2006 → CERVICAL STENOSIS

(c) Is patient ..... Ambulatory? ☒ House Confined? ☐  
Bed Confined? ☐ Hospital Confined? ☐

(d) Has patient been hospital confined? Yes ☐ No ☒ If "Yes", give Name and Address of Hospital \_\_\_\_\_  
Confined from \_\_\_\_\_ Through \_\_\_\_\_

**6. CARDIAC (If Applicable)**

(a) Functional capacity ..... Class 1 (No limitation) ☒ Class 2 (Slight limitation) ☐  
(American Heart Ass'n) Class 3 (Marked limitations) ☐ Class 4 (Complete limitation) ☐

(b) Blood Pressure (last visit) ..... 120 / 68  
SYSTOLIC / DIASTOLIC

REDACTED



**7. PHYSICAL IMPAIRMENT** (\*as defined in Federal Dictionary of Occupation Titles)

- ☐ Class 1 - No limitation of functional capacity; capable of heavy work\* No restrictions. (0-10%)
- ☐ Class 2 - Medium manual activity\* (15-30%)
- ☐ Class 3 - Slight limitation of functional capacity; capable of light work\* (35-55%)
- ☒ Class 4 - Moderate limitation of functional capacity; capable of clerical/administrative (sedentary\*) activity. (60-70%)
- ☐ Class 5 - Severe limitation of functional capacity; incapable of minimal (sedentary\*) activity (75-100%)
- ☐ Remarks:

**8. MENTAL/NERVOUS IMPAIRMENT (If applicable)**

(a) Please define "stress" as it applies to this claimant.

(b) What stress and problems in interpersonal relation has claimant had on job?

- ☒ Class 1 - Patient is able to function under stress and engage in interpersonal relations (no limitations)
- ☐ Class 2 - Patient is able to function in most stress situations and engage in most interpersonal relations (slight limitations)
- ☐ Class 3 - Patient is able to engage in only limited stress situations and engage in only limited interpersonal relations (moderate limitations)
- ☐ Class 4 - Patient is unable to engage in stress situations or engage in interpersonal relations (marked limitations)
- ☐ Class 5 - Patient has significant loss of psychological, physiological, personal and social adjustment (severe limitation)
- ☐ Remarks:

Do you believe the patient is competent to endorse checks and direct the use of the proceeds thereof? Yes ☒ No ☐**9. PROGNOSIS**

- (a) Is patient now totally disabled from performing HIS/HER REGULAR JOB? ..... Yes ☒ No ☐
- (b) Is patient now totally disabled from performing ALL OTHER TYPES OF WORK? ..... Yes ☐ No ☒
- (c) Do you expect any significant improvement in the future? ..... Yes ☒ No ☐

(1) If yes, when will patient recover sufficiently to perform the duties of:

- (a) HIS/HER REGULAR JOB      /      /      /      1 Mos. ☐      1-3 Mos. ☐  
    Mo.    Day    Yr.      3-6 Mos. ☒      Never ☐
- (b) ANY OTHER TYPE OF WORK      /      /      /      1 Mos. ☐      1-3 Mos. ☐  
    Mo.    Day    Yr.      3-6 Mos. ☐      Never ☐

(2) If no, please explain .....

**10. REHABILITATION**

- (a) Is patient a suitable candidate for rehabilitation? (i.e., cardiopulmonary program, speech therapy, ect. Yes ☒ No ☐
- (b) Can present job be modified to allow for handling with impairment? Yes ☐ No ☒
- (c) When could trial employment      /      /      /      Full time ☐      /      /      /      Full-time ☐  
     commence      Mo.    Day    Yr.      Mo.    Day    Yr.
- (d) Would vocational counseling and/or retraining be recommended? POSSIBLY Yes ☐ No ☐

**11. REMARKS**

BARRY A. BROWN MD

Name (Attending Physician) Print

Degree

707/963-2711

Telephone

1222 PINE ST NELA CA 94574

Street Address

City or Town

State or Province

Zip Code

Barry A. Brown MD

Signature

3/29/06

Date

**Exhibit K**



*Medical Director Solutions, L.L.C.*

April 20, 2006

**Received**

APR 25 2006

Mr. Michael Jones  
Senior Claim Examiner  
Pan American Life  
PO Box 60219  
New Orleans, LA 70160-0219

**Policy Benefits  
Division**

RE: Donna Mathews  
Client Ref. #: 1257-758 / 1285-764  
MDS file #: D-02266A-3989

Dear Mr. Jones:

After careful consideration of the medical records submitted for review, and consultation with a Board Certified Orthopedic Surgeon, it is my opinion within reasonable medical certainty at this time that although the claimant may have a functional impairment that could preclude her from performing her own occupation, at this time there is not sufficient objective medical data to arrive at that conclusion. If she does have such impairment, with appropriate treatment the impairment may well not be permanent.

The rationale for this opinion provided by the consultant Orthopedic Surgeon is in italics below and is as follows:

*Per your request I have carefully reviewed the file submitted on the above referenced claimant, who is a 52 year-old right hand dominant dental hygienist who fell from a ladder on 11-19-05. She asserts that she injured the left shoulder, and an inability to work since 12-15-05.*

*The file documents objectively the presence of two specific diagnoses, which are used to substantiate the claim: left rotator cuff tear, and multilevel cervical spondylosis with stenosis. The latter has been present for several years, while the former is presumed to be related to the fall.*

*Claimant has seen two physicians appropriate to her conditions, and their notes are included in the file, being Dr. Bodor (PM&R) and Dr. Smith (Orthopedics). There is reference to a consult with Dr. Eichbaum (Neurosurgeon), but that is not in the file. There is a statement from claimant herself, dated 3-15-06 detailing the impact of symptoms on ability to work. There is an APS from dated 3-29-06 from Dr. Brown (Family Medicine), which I must discount, as he is not a qualified specialist in the areas of involvement.*

*577 Seminole Drive  
Marietta, Georgia 30060  
(770) 499-0398*

*Medical Director Solutions, L.L.C.*

*There is one other APS form of unclear date and illegible signature, for which reasons I would likewise find this unacceptable documentation. An APS form with these diagnoses should be from either Dr. Bodor or Dr. Smith. Therefore, in essence we have only self-reported inability to work without appropriate specialty physician backup.*

*Although claimant may well have significant symptoms that interfere with or inhibit work, as she states for the sitting with neck forward position, there are some troubling aspects to this case. For example, it is unclear how a left shoulder problem renders a right hand dominant hygienist totally unable to work. Some objective medical evidence (FCE) or a statement from Dr. Bodor or Dr. Smith would be necessary as a good start.*

*The cervical spine issue also needs some clarification: this has been a chronic problem, treated in the past by Dr. Bodor. The MRI documents progression of the problem over time, yet presumably she had been working with it up until the accident and beyond, which would not in and of itself produced the changes noted. She has cord compression at two levels, yet no neurosurgeon report is provided. I would be urgently concerned if this were my neck.*

*The specific queries posed are answered as follows:*

- 1. Were claimant's activities restricted/limited since the onset of condition...and to what extent?**

*Probably so, but the extent cannot be determined objectively. Please see comments above.*

- 2. Do objective findings support the presence of an impairment?**

*Yes. But again, the extent of such impairment is not known from these records.*

***What are the medical restrictions/limitations?***

*As explained above, due to the lack of necessary medical information, this cannot be determined from the file. Generically, for the shoulder it would involve avoiding placing the arm in space away from the body, and for the neck avoiding rotation to the right or left, or extension of the neck.*

*577 Seminole Drive  
Marietta, Georgia 30060  
(770) 499-0398*

*Medical Director Solutions, L.L.C.*

3. ***Do the restrictions/limitations effect claimant's ability to perform her occupation, and how?***

*Again generically speaking, they might, but see discussion above.*

4. ***Do the objective medical findings support claimant's assertion of inability to perform the physical demands of her occupation?***

*No. See above discussion.*

4. ***Are restrictions/limitations noted on the APS reasonable and consistent with medical findings?***

*Again, please see above discussion.*

5. ***If there are restrictions/limitations, are they temporary or permanent?***

*Again generically, it depends on the progress of the underlying condition. Will the shoulder need surgery? Will the neck need surgery? The prognosis for both would be good, so even if there are r/l's, I would not think they would be permanent.*

6. ***If current therapy is not optimal for return to work ASAP, please advise re: treatment/testing.***

*This cannot be answered without knowing the treatment plan of Dr. Smith and Dr. Eichbaum based on current date findings. I think all the diagnostic work has been done; the last visit with Dr. Smith was on 2-10-06, so we need an update, which includes his proposal for treatment and projected RTW date, and the same from Dr. Eichbaum or some other spine surgeon.*

7. ***Are claimant's subjective complaints consistent with objective medical evidence?***

*Yes, her symptoms could certainly be consistent with the objective findings. Is there evidence of malingering, symptom magnification or secondary gain? No, although one must always be alert on the secondary gain issue, especially if claimant declines to undergo treatment that would be curative or normally expected to allow her sufficient improvement so as to be able to return to work.*

*577 Seminole Drive  
Marietta, Georgia 30060  
(770) 499-0398*

*Medical Director Solutions, L.L.C.*

**9. *Has claimant reached MMI?***

*Unknown. Need current data. See above discussion.*

Thank you for referring this case to me. If there are any questions and/or additional information that you may have, please feel free to contact me or submit it for re-review.

Sincerely,



Mitchell S. Nudelman, MD, JD, FCLM  
Chief Medical Officer

*577 Seminole Drive  
Marietta, Georgia 30060  
(770) 499-0398*

**Exhibit L**



May 17, 2006

Donna Mathews

REDACTED

Calistoga CA 94515

Re: Policy # 1257-758 & # 1285-764  
Claim # 06-1007 & # 06-1005

Dear Ms. Mathews:

Please find enclosed refunds for premium withdrawals taken on April 12, 2006 for policies # 1257-758 and # 1285-764. These withdrawals were made at the annual billing rate for your policies instead of the monthly billing rate.

An amount of \$499.20 was deducted to pay policy # 1257-758. The refund amount will be \$406.80. The policy is now paid to June 6, 2006. Your monthly premium rate is \$46.20.

An amount of \$652.71 was deducted to pay policy # 1285-764. The refund amount will be \$534.57. The policy is now paid to June 6, 2006. Your monthly premium rate is \$59.07.

Sincerely,

Michael Jones  
Senior Claim Examiner  
Pan American Life  
P.O. Box 60219  
New Orleans, LA 70160-0219

REDACTED

PAL 0088

ENDORSEMENT OF THIS CHECK MUST BE

(INDICATING OF PAYEE OR PAYEES EXACTLY IN CONFORMITY WITH T)

NAME OR NAMES AS WRITTEN

3000T

84-13

12

No. 062040332

654

AMOUNT

\$\*\*\*\*\*406.80\*\*

PAN  
AMERICAN  
LIFE

0012577580

PAY TO THE ORDER OF:

DONNA R DUPELL-MATHEWS

REDACTED

CALISTOGA CA 94515

JC

MAY 17 2006

DATE

MAY 16, 2006

NOT VALID AFTER  
90 DAYS OF ISSUE\$406.80  
DOLLAR FOUR ZERO SIX PER CENT ZEROBANK ONE  
NEW ORLEANS, LA.

NON NEGOTIABLE

⑈062040332⑈ ⑆065400137⑆ 0110029518⑈

REDACTED

PAL 0087

000064

Case 4:07-cv-02757-SBA

Document 21-5

Filed 04/29/2008

Page 24 of 35

ENDORSEMENT OF THIS CHECK MUST BE

ITING OF PAYEE OR PAYEES EXACTLY IN CONFORMITY

NAME OR NAMES AS WRITTEN

3000T  
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84-13  
654

No.062040333



0012857640

PAY TO THE ORDER OF:

Jc  
DONNA R DUPELL-MATHEWS  
REDACTED  
CALISTOGA CA 94515

MAY 17 2006

AMOUNT

\$\*\*\*\*\*534.57\*\*

\$534.57  
DOLLAR FIVE THREE FOUR FEN FIVE SEVEN

DATE  
MAY 16, 2006

NOT VALID AFTER  
90 DAYS OF ISSUE

BANK ONE  
NEW ORLEANS, LA.

NON NEGOTIABLE

⑈062040333⑈ ⑆065400137⑆ 0110029518⑈

REDACTED

PAL 0089



## Exhibit M



Michael Jones  
Individual Administration  
P.O. BOX 60219  
New Orleans, LA 70160-0219

July 12, 2006

Donna Mathews

REDACTED

Calistoga, CA 94515

RE: Pan American Life Insurance Company      Policy No. 1257-758 & 1285-764  
Claim No. 06-1005 & 06-1007: Reservation of Rights

Dear Ms. Mathews,

Pan American Life Insurance Company has received a claim for Benefits under Policy No. 1257-758 and 1285-764 issued to Donna Mathews. This is a reservation of rights letter. We are currently investigating your claim for benefits. While we are investigating our claim, we will pay the monthly payments provided by your policy under a reservation of rights, without any waiver of our rights to later contest coverage and deny the claims.

Your policy provides that if a claim occurs within the first two years from the effective date, the company has a right to investigate the representations made in the application for insurance. Should we determine that no benefits are payable under your policy, whether because of a pre-existing condition, a misrepresentation in the application, or because no coverage exists for the claim you are making or otherwise, we will have the right to suspend making payments and to seek reimbursement from the beneficiary or the insured of sums paid under the policy. Additionally, we shall have the right, but not the obligation, to seek a judgment declaring that no benefits are payable under the policy or to seek a declaration by the court of the rights and obligations of the parties.

During the pendency of our investigation, you must cooperate with us fully and provide to us, in a timely manner, information requested of you. Failure to do so may result in our suspending payments under this reservation of rights. Should you have any additional facts, which you believe we should consider in determining coverage, please provide us with that information as soon as possible.

We reserve the right to amend this reservation of rights at any time.

Sincerely,

Michael Jones  
Senior Claims Examiner

REDACTED

PAL 0359

**Exhibit N**

July, 21, 2006

Pan American  
Individual Claims  
Box 60219  
New Orleans, LA 70160

Re: Disability Policy No. 1257-758 & 1285-764

Dear Sirs:

I would like to apply for Rehabilitation under the terms of my Disability Insurance Policy, which I have held for over 15 years. I fell off a ladder November 19, 2005, injuring my shoulder and neck. The continuing issues with my neck make it impossible to practice Dental Hygiene, my vocation for the past thirty years. I have enrolled in school already and am presently taking physiology. I am enrolled in the fall for Anatomy and will then be eligible to apply to nursing schools within driving distance. Two schools are private with shorter waiting lists, but those details are to be addressed after I pass this summer Physiology course. In the meantime, I am doing all I can, as quickly as possible, to make myself eligible to reenter the work force in a productive manner. I will need the help of my policy to pay living expenses and schooling costs. I would ask you to please evaluate this in a timely manner to facilitate my transition into schooling.

Thank you for your help.

Sincerely,



Donna Mathews, RDH, EMT

**Exhibit O**



**Michael Jones**  
Individual Administration  
P.O. BOX 60219  
New Orleans, LA 70160-0219

August 3, 2006

Donna Mathews

REDACTED

Calistoga, CA 94515

Re: Policy # 1257-758 & 1285-764

Dear Ms. Mathews,

This letter is to acknowledge receipt of your letter dated July 21, 2006 in which you state your desire to apply for rehabilitation under the terms of your Disability Insurance Policy. At this time we are requesting a copy of your rehabilitation plans including: a detailed plan of treatment and estimated costs and estimated date of rehabilitation completion.

Please note this communication is not a pledge or promise of payment. As the policy states: "We will pay for a rehabilitation program if we approve it in advance. The extent of our payment will be what we state in our written approval. We will not pay for any rehabilitation expenses covered by another source. This payment will have no effect on any other benefit of this policy." Thank you for allowing Pan American Life to serve your needs.

Sincerely,

Michael Jones  
Senior Claim Examiner  
Pan American Life  
P.O. Box 60219  
New Orleans, LA 70160-0219

REDACTED

PAL 0354

**Exhibit P**

FROM :

FAX NO. :

Aug. 23 2006 05:49PM P1

August 23, 2006

Michael Jones  
Senior Claims Examiner  
Pan American Life  
P.O. Box 60219  
New Orleans, LA 70160-0219

Re: Policy # 1257-758 & 1285-764

Dear Mr. Jones:

Thank you for your prompt reply regarding my rehabilitation. I will address my plans for rehabilitation after I discuss the issues that are becoming increasingly complicated due to your accounting practices, including payments due to me by your company. My hope is that this will not require intervention by the Department of Insurance, but because my mortgage responsibilities do not follow the flexible practices of your insurance company payments, I will be compelled to submit a request in September if this is not resolved.

First, I am not sure why you failed to mention in your letter of May 17 the amount of \$1189.61 that was deducted from my account, when you stated that the amounts of \$499.20 and \$652.71, respectively, were deducted. These did not amount to the total deducted of \$1189.61. This \$1189.61 was deducted on 4-17-06 without warning or permission, since the agreement of automatic payments was on a monthly basis only. The reimbursed amounts \$406.80 and \$534.57 not only did not include 2 month's premiums totaling \$210.54 but also the amount of \$37.70 that has continued to be deducted monthly until this last period ending 8-16-06.

When I purchased my policy, I understood that it guaranteed the protection of my income of between \$3000 to \$4,000 per month. The policy was even recently reviewed I thought, to evaluate and protect my income. Your recent letter insinuated that it was a new policy. Therefore, I would like to formally state here that I do not accept the amount you distributed for February and March of \$1,700 and \$500, but rather would like to have a thorough evaluation into the amount awarded to me by the second payment of \$1,700 and \$1,300, before the partial payment received just this week. (This is also a good time to note that after the first payments issued in March, all receipts have left the date field blank.)

PAL 0345



FROM :

FAX NO. :

Aug 2006 05:50PM P2

As of this date, my records show the full accounting to be as stated here:

**Payments to Pan American:**

12-20-2005	\$138.97	
12-23-2005	\$94.77	
1-18-2006	\$138.97	
2-15-2006	\$138.97	
3-15-2006	\$37.70	
4-17-2006	\$1,189.61	
5-17-2006	\$37.70	
6-15-2006	\$37.70	
6-26-2006	\$46.20	Check #7046
6-26-2006	\$59.07	Check #7407
7-10-2006	\$46.20	Bank Check#8083
7-10-2006	\$59.07	Bank Check#8084
7-17-2006	\$37.70	
8-16-2006	\$37.70	

There are also two service charges of \$4.00 each. All of these were withdrawn from Mendo Lake Credit Union except the four noted above, which were from Bank of America. The error of subtracting an entire year's premium without notice overdrew my account and this affected other payees as well. I will make one more verbal attempt with your company to stop these withdrawals and then I will contact the bank to stop your company from deducting payments from my Mendo Lake account. Elaine informed me that the premium department of your company does not have communication with your claims department and I have become the victim with these bounced checks.

**TOTAL: \$ \$2108.33**

**Reimbursements to date for premium charges since qualifying for disability:**

\$406.80  
\$534.57  
\$114.14  
\$88.40

**TOTAL \$1143.91**

**DIFFERENCE: \$964.28**

**This is the amount you still owe me for overcharged premiums alone.**

FROM :

FAX NO. :

Aug 2006 05:50PM P3

The check that was distributed (again without a date) in the middle of August for the period of April to May was for \$1,700, less the \$500.00 additional benefit you now claim is correct, because you claim I owe you. I hope I do not have to hire a lawyer to validate the second month's payment. What you claim as an overpayment, I believe should finally be the correct payment.

To date then, I have received one month's benefit of \$2,200 for February that was too low for the salary protection indicated by your company. The second month's payment of \$3,000 for March more accurately represented my monthly income. The April payment of \$1,700 just received this week (no date) was once again far too low. My disability began December 14, 2005, so including the sixty day waiting period I was entitled to full benefit compensation beginning February 14, 2006. This has not happened.

As you can imagine, dealing with a severe disability such as this one creates enormous stress. I am no less saddled with financial commitments than before but I am no longer able to work in my chosen profession of over thirty years that provided me with an adequate income. I want to be a productive citizen once again and am therefore pursuing a career change that will allow me to do this. Your insurance policy is the bridge that will allow me the necessary funding to get there. Anticipating a possible scenario such as this was the primary motivation for my purchasing your company's coverage in the first place. Career retraining for me cannot possibly happen without consistency on your part to cover my ongoing living expenses as well as tuition, books and other student expenses. The program I am attempting is a rigorous one, and I must have these issues settled so that I devote my full concentration to performing well.

As for my rehabilitation plans, I previously began working on a Bachelor's Degree but realized it would be of no benefit to my scope of practice, pay scale or work setting. Now, all that is changed. For me to work as closely with patients in the diagnosis, treatment planning and patient care in medicine as I did in dentistry, I will have to earn at the least a Bachelor's Degree, but I am aiming for Nurse Practitioner certification. This can begin at Santa Rosa Junior College, Napa Valley Junior College, Pacific Union College, or Sonoma State University. I am currently enrolled for fall, beginning today, in Anatomy at Santa Rosa J.C. I finished Physiology over the summer and will be eligible to apply to the Nursing Program at Santa Rosa in October of this year for the spring and fall of 2007. I will also pursue the application processes for the other schools. The first step is a two year program, and the possibilities are many to make the next step to Nurse Practitioner, but it will most likely be an additional 2 years. A Nurse Practitioner certification will allow me greater flexibility in my work setting and be the least detrimental to my disability. This will provide me with more options in returning to the work force.

FROM :

FAX NO. :

g. 23 2006 05:56PM P1

I hope you understand the importance of your policy protection in allowing me to meet my academic goals. I look forward to resolving these accounting problems as soon as possible.

Sincerely,

A handwritten signature in cursive script, appearing to read "Donna Mathews", with a long horizontal flourish extending to the right.

Donna Mathews, RDH